



DO NOT WRITE ABOVE THIS LINE.

**TEMPORARY LICENSE PLATE APPLICATION**  
**30 Day Operating Permit**

MV2505 11/2004 s.341.09 Wis. Stats.

Mail To: Wisconsin Department of Transportation  
Research and Information  
PO Box 8070  
Madison WI 53708-8070

**Complete form using BLUE or BLACK ink.**

Make Check Payable To: **Registration Fee Trust**

Application Type

In-person  
Fee: \$3.00 plus \$5.00 counter service fee  
Temporary license plates may be received  
immediately at any DMV Service Center  
which provides registration service.

Mail  
Fee: \$3.00 Temporary license plates are  
usually mailed within three (3) working days  
of receipt of the application.

License Plate Number	Vehicle Identification Number	Vehicle Year, Make
Print Owner Name - Last, First, Middle Initial		Area Code - Telephone Number Between 7:30 a.m. and 4 p.m.
Street Address	City	State ZIP Code

I request a temporary plate for the vehicle listed above because:

The vehicle failed the emission test and is being repaired.

Other - Explain \_\_\_\_\_

X \_\_\_\_\_  
(Owner Signature) (Date)

The Wisconsin Department of Transportation complies with the Americans with Disabilities Act.

**The Area Below Is For Office Use ONLY**

Plate Number Issued	Effective Date	Expiration Date
Total Amount Collected	Financial Number	Badge Number